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ABSTRACT

This guide is intended for teachers, health educators, curriculum developers, staff development specialists, and administrators responsible for teaching health to Hispanic students. It suggests ways to make health education relevant to this group in terms of the content emphasized, activities chosen, and learning styles used. The guide also provides background information about this rapidly growing population. The first chapter discusses the purpose of the guide and the use of the term "Hispanic." The second chapter is an introduction, and the third chapter "Who Are Your Students?" discusses the diversified Hispanic population in the United States and Hispanic classifications and degrees of acculturation. The fourth chapter, "Health Issues for Hispanic Youth," covers consumer health, community and environmental health, disease prevention and control, prevention of drug use and drug abuse, mental and emotional health, family life, and nutrition. The fifth chapter offers Hispanic students' responses from a focus group on health and health education. The sixth chapter, "Implications for Health Education," discusses general guidelines, the impact of culture on health education, health education content, instructional methodologies, and materials. Chapter 7 contains a conclusion. Further sections list Spanish language health resources, a subject index, and 20 references. (JB)

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# COMPREHENSIVE SCHOOL HEALTH EDUCATION FOR HISPANIC YOUTH

## INSIGHTS ABOUT CURRICULUM ADAPTATION

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# *Comprehensive School Health Education For Hispanic Youth*

## Insights About Curriculum Adaptation

Anthony Sancho and Jill English
Southwest Regional Laboratory

Lisa Hunter and Donna Lloyd-Kolkin
Health & Education Communication Consultants

September 1991

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**Too often, the term Hispanic is used simplistically, referring broadly to all populations with ancestral ties to Spain, Latin America, or the Spanish-speaking Caribbean. Such uncritical ethnic labeling can and may obscure the diversity of social histories and cultural identities that characterize these populations and, in turn, can influence health behaviors, the way care is accessed, and ultimately, health outcomes.**

Antonia Novello, M.D.
Surgeon General of the United States
*Hispanic* magazine
January/February 1991

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# THE HISPANIC HEALTH EDUCATION CENTER

Through funding from the U.S. Department of Education's Comprehensive School Health Education Program, the Southwest Regional Laboratory (SWRL) established a Hispanic Health Education Center. The Center, currently in its second of three years, exists to meet the needs of California's Hispanic students, many of whom are disadvantaged and have special health and instructional needs not being met by current health education programs and materials. Working with a culturally diverse coalition and the California Department of Education, the Center is taking a leadership role by demonstrating promising approaches, providing training and technical assistance, and disseminating information to school health officials and parents.

The Center has four objectives:

(a) to develop further knowledge of effective and promising comprehensive school health education programs;

(b) to demonstrate promising approaches to providing comprehensive health education to schools enrolling large numbers of Hispanic students;

(c) to increase the ability of schools with a large Hispanic student enrollment to provide appropriate health education; and

(d) to increase the knowledge of school administrators, faculty, and parents on ways to improve the health behaviors and lifestyles of Hispanic youth.

For additional information on the Hispanic Health Education Center, please contact:

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# PURPOSE OF THIS GUIDE

This guide is intended for teachers, health educators, curriculum developers, staff development specialists, and administrators responsible for teaching health to Hispanic students. It suggests ways to make health education relevant to Hispanic youth in terms of the content emphasized, activities chosen, and learning styles used.

Awareness of students' cultural, social, economic, and political roots can have a positive influence on the way health education is structured. Because many educators don't have experience working with Hispanic students, the guide also provides background information about this rapidly growing population.

## A Word About Terminology

The term "Hispanic" is frequently misunderstood. It is a term that first made its appearance in the late 1970s and then in 1980 by the U.S. Census Bureau to designate individuals whose cultural origins are in Mexico, Puerto Rico, Cuba, Central America, and other Latin American countries. In some contexts it may also include Spaniards and Brazilians. Because the term was not used as an ethnic label prior to the 1970s, it is unacceptable by many. The authors recognize that other terms, like "Latino," are preferred in many communities. This guide uses the term Hispanic because of its wide acceptance by government data collection agencies and service providers. No disrespect or exclusion of persons is intended by the use of the term Hispanic.

**In this decade, we witnessed a growing awareness and sensitivity to issues surrounding minority health. As we move into the 1990s, we face the challenge of bettering the health status of minority Americans by developing culturally sensitive and ethnically acceptable health education programs. These will, hopefully, influence the health agenda of the twenty-first century. How successful we are in meeting this challenge will depend on the extent of the cooperative efforts of individuals and organizations—public, private, federal, and nonfederal—working together on minority health-related issues.**

William A. Robinson, M.D., M.P.H.
Director, Office of Minority Health
U.S. Department of Health and Human Services
*Health Education*, December 1989

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# INTRODUCTION

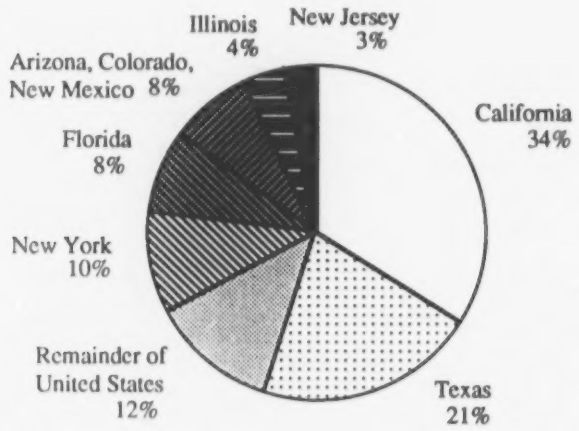
Hispanics in the United States number more than 22.3 million, or 9% of the total population, according to the 1990 U.S. Census Bureau. That number represents a 50% increase from the 1980 Census. The comparable increase for the non-Hispanic population was only 7%. The U.S. Hispanic population is expected to double within 30 years and triple within 60, according to conservative estimates. In less than 10 years, Hispanic youth will constitute 15% of the total youth population.

Eighty-eight percent of Hispanics in the United States live in nine states. California has the largest number (34%), followed by Texas (21%), New York (10%), and Florida (8%). (See Figure 1.) Other states with significant numbers include Arizona, Colorado, Illinois, New Jersey, and New Mexico.

**What happens to you when you don't eat healthy food?**

La Merced Intermediate School
Montebello, CA

**Figure 1**
*Geographic Distribution of the Hispanic Population*




Much of this growing population of Hispanics is predisposed to poor health because of poverty, access barriers to health care, and lack of education.

Almost 4 in 10 Hispanic youth live in poverty, which is associated with many undesirable health outcomes for children. Such outcomes include higher mortality rates, increased serious illness, increased abuse or neglect, and teen pregnancy.

Access to health care is becoming increasingly restricted for Hispanics. Even when they do have access to health care, the beneficial effects of the information they receive are often limited due to language and cultural barriers.

Generally, children who do poorly in academic subjects in school don't learn content in other curriculum areas such as health education. In addition, teachers are usually unprepared to teach curriculum content to limited English proficient (LEP) children. This situation does not predict successful instruction of a subject like health. More often than not, health instruction is delivered using impersonal strategies, such as films, pamphlets, and other so-called "self-instructing" materials. Such conditions and instruction are not conducive to learning, particularly for Hispanic students not proficient in English. Consequently, Hispanic students receive little—if any—comprehensive health education. Clearly, new strategies for instructing Hispanic students in health are required.

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## WHO ARE YOUR STUDENTS?

The Hispanic population in the United States is diversified. The Hispanic subgroups have varied geographical origins, including Mexico, Puerto Rico, Spain, Cuba, Central America, South America, the Canary Islands, and the western section of North America before it became part of the United States. Once in the United States, these subgroups tend to cluster regionally. For example, California tends to attract Mexican Americans, Mexican nationals, and South and Central Americans. New York has a large number of Puerto Ricans, Florida has Cubans, and Illinois has Mexican Americans and Mexican nationals.

The U.S. Hispanic population also is diverse. Perhaps the most salient link among these distinct subgroups is the Spanish language. Even with the use of a common language, however, significant differences exist because of the many dialectic and regional variations of Spanish.

The diversity is exacerbated by differing degrees of Hispanic acculturation into mainstream American culture. These degrees range from recent immigrants who cling to the values and traditions of their native country to those Hispanics who have been in America for generations and are fully acculturated. Still others are bilingual and bicultural, having chosen to maintain their language and culture while moving along a continuum of acculturation.

**I have a friend named Marta. She just came here last year. She is in a gang; [the members] show her how to drink beer and smoke. She just smokes and drinks every single day. I think that is unhealthy.**

Rivera Middle School
Pico Rivera, CA

Hispanic subgroup diversity extends to the labels used by these groups to identify themselves, although no consensus on terminology has been reached. "Hispanic" is a term that can apply to all the subgroups. However, some people prefer the term "Latino" because Hispanic is closely aligned with Spain and the Spanish language. Latino, on the other hand, is more in line with Latin American countries and their shared cultural heritage. What Hispanics prefer to call themselves generally depends on where they have been raised, to which generation they belong, and what political views they hold.

Although important differences within and among specific subgroups prevail, Hispanics share many characteristics, values, traditions, and customs. These differences are influenced by many factors, including: educational level; socioeconomic characteristics; immigration status; length of time in the United States; degree to which Hispanics have adopted Anglo behaviors and values; rural vs. urban residency; and the historical, economic, and political experiences of the Hispanics' country of origin.

## Hispanic Classifications

The authors of this guide frequently portray Hispanics as a single group. This is done to develop awareness of general characteristics of this population. The authors realize, though, that all Hispanics do not fall clearly into the categories presented.

The U.S. Census Bureau collects information about four main subgroups of Hispanics living in the United States. The Bureau classifies persons of Hispanic origin as: Mexicans/Mexican Americans, Puerto Ricans, Cubans, and Other Hispanics. Each of these groups is described briefly below. The purpose of this section is to give the reader a broad overview of some general characteristics of each of these subgroups. Keep in mind that individuals vary within each subgroup.

### Mexicans/Mexican Americans

What is now the American Southwest was part of Mexico until 1848, when Mexico surrendered its northern territory to the United States after losing the war between Mexico and America. Mexican citizens in the territory were allowed to move south across the new border or to remain and become U.S. citizens. The Treaty of Guadalupe Hidalgo protected the rights of those who remained, but no provisions were made in the treaty to integrate these Mexicans into the general mainstream of American society. Hispanics of Mexican origin also consist of recent arrivals. Mexican Americans are a highly urban group, although their roots are usually rural.

They are concentrated in California and Texas, which means they remain close to the U.S./Mexican border. Travel back and forth between Mexico and the United States is usually common because many immigrants maintain strong extended family ties.

Compared to the total U.S. population, Mexican nationals and Mexican Americans are concentrated in blue-collar jobs, farm work, and service occupations. In 1989, the median income for Mexican Americans was $21,025 (compared to $27,800 for non-Hispanic households). Forty-three percent of this population completed high school (compared with 78% of non-Hispanics over age 25). Mexican American families are on average the largest of all Hispanic subgroups, with families that average 4.1 persons.

**Puerto Ricans**

Puerto Rico was colonized by Spain when the island was inhabited by the Tainos Indians. Gradually Africans were transported to the island and intermarriage became common among the three groups. Today, most Puerto Ricans claim their origin includes all three. At the end of the Spanish-American War, Spain ceded Puerto Rico to the United States and in 1917 the island became a Commonwealth Territory of the United States. This granted Puerto Ricans U.S. citizenship status and allowed them to move freely between the island and the continental United States.

Puerto Ricans are the most metropolitan Hispanic population in the United States. They are concentrated in the Northeast, primarily in New York and New Jersey. Increasing numbers of Puerto Ricans are born on the U.S. mainland. Puerto Ricans' educational attainment is somewhat higher than Mexican Americans: 54% of Puerto Ricans over age 25 have graduated from high school.

Socioeconomically, Puerto Ricans are the poorest of U.S. Hispanic groups. Their median household income in 1989 was $18,932. Large numbers of mainland Puerto Rican families are headed by women.

**Cubans**

Cuba also was colonized by Spain in the 1700s. Intermarriage among the Africans, Indians, and Spaniards on the island occurred soon after the arrival of the Africans.

Cuba gained its independence from Spain in 1889 and developed an agricultural and tourist economy based heavily on American dollars. A few large landowners controlled most of the wealth. Disenchantment by the working class led to Castro's revolution in 1959. Large numbers of upper-class Cubans fled the Communist regime and moved to the United States, settling mainly in Florida.

The Cuban American population consists of Cuban immigrants from the 1960s, the Mariel entrants (mostly immigrants of the 1980 boatlift), and those born in the United States. Most Cubans live in Florida, but a significant number of others also live in New Jersey, New York, and California.

Economically, this group has a relatively high median per-household income of $21,793. Those Cubans concentrated in Miami have contributed to a major economic revitalization within that area. In addition, compared with other Hispanic subgroups, Cubans are more likely to be employed in white-collar jobs.

Cuban immigrants include a large number of older adults, those with high levels of educational attainment (63% of all Cubans have finished high school), and those with relatively high levels of business ownership and affluence compared with other Hispanic subgroups. They tend to be active in community affairs and are more politically conservative than other Hispanics.

The Mariel entrants have had a harder time adjusting to life in the United States than the 1960s Cuban immigrants. Cubans who arrived before the Marielitos did not like them for a variety of reasons associated with social and economic status. A rift continues between these two sets of Cuban immigrants.

**Other Hispanics**

"Other Hispanics" was originally established as a classification for Hispanics from Central and South America, Spain, and the Canary Islands. The size of this category has grown, however, and it currently ranks second to Mexican Americans among Hispanic subgroups.

Other Hispanics include, but are not limited, to these subgroups:

- **Highly skilled Latin American immigrants** who are often college educated and trained in specialty areas.

- **Immigrants in the professional class** who are well-trained and often employed in government or universities, having left their countries due to a change in political leadership.

- **Central American immigrants** who often are from small towns in rural Nicaragua, Guatemala, and El Salvador. They come to the United States to seek work or to flee their country for political reasons. They tend to work in service occupations and generally have lower educational levels.

- **Part-Hispanics** who are children of a Hispanic and a non-Hispanic parent and are usually U.S.-born. Usually, their Hispanic parent has been in the United States for a long time or is a well-educated immigrant.

- **Mixed-Hispanics** who are the children of marriages between two members of different Hispanic subgroups.

- **Hispanos** who are long-term residents of the Southwest and trace their lineage from Spanish and Mexi-

can/Indian origins. They are likely to work in mining, agriculture, or related occupations.

## Degree of Acculturation

The degree to which Hispanic students are acculturated to mainstream North American values and behaviors is an important factor in adapting school health education curricula to meet their needs. Factors that contribute to being more acculturated to the pervasive American culture include: higher level of education; birth into a family that has lived in the United States for several years; extensive contact with non-Hispanics; immigration to the United States at an early age; urban environments; limited migration back and forth to the country of origin; and higher socioeconomic status.

It is important to note that the process of acculturation is a continuum along which a given individual moves throughout his/her life, not a static position permanently maintained. Individuals acculturate more quickly in some areas of their lives than in others. For example, some students may be more acculturated in the areas of food and dress, while remaining traditional in the areas of religion and language. Within any given family at any given time, members may be at different points along the continuum and may exhibit behaviors characteristic of different degrees of acculturation according to their specific situation at that time. There are three definitions of acculturation.

- **Traditional** refers to those Hispanics who maintain the native language and customs of their culture. An individual whose orientation is traditional is more likely to have his/her psychological, social, political, and economic needs met almost exclusively within the Hispanic community.

- **Assimilated** refers to those who have acquired and emulate the behavior patterns, lifestyles, values, and language of the dominant culture. Generally, their

needs are not met in their ethnic culture. Socioeconomic and educational factors often play a significant part in their movement away from the Hispanic culture and into the mainstream culture.

- **Bicultural** refers to individuals who have acquired traits of the dominant group, but also retain many of their ethnic characteristics; who are equally comfortable in both worlds; and who live and socialize in integrated settings. They are able to move more fluidly and comfortably from one language or culture to the other.

While culture plays an important role in shaping individuals, students have unique personalities and histories within their culture. Effective teachers regard each student as an individual, with personal preferences, strengths and weaknesses, family background, and history. Individual differences will be obvious, although Hispanic students share many things, e.g., language, *familismo*, respect for authority, and a generally nonconfrontive style.

## So, Who Are *Your* Students?

**Why do you have sex if you don't want children?**

Rivera Middle School Student
Pico Rivera, CA

As discussed above, people who identify themselves as Hispanic have certain similarities, as well as many differences, depending on the subgroup to which they belong and their degree of acculturation. To avoid lumping all Hispanics together, gain a better understanding of your students. Information related to the following questions should be obtained from students and their families through classroom activities and observations. Use caution in asking direct questions that intrude on privacy.

- What is the country of origin of your students' families?
- Are they immigrants?
- Have they lived in the community for a long time?
- Do they retain family ties in their mother country?

- What language is spoken at home?
- What foods do they like to eat?
- What holidays do they celebrate at home?
- Where do they seek health care?
- What do they want to be when they grow up?
- Who is in their family? Who among these live in the same house?
- How is authority distributed among family members?
- What are the rights and responsibilities of each family member?
- What are the attitudes, expectations, and behaviors toward individuals at different stages in the life cycle?
- What behaviors at home are appropriate or unacceptable for the students?
- How is the behavior of children/youth traditionally controlled?
- What range of behaviors are considered "work" and what are "play"?

**There's an urgent need for easy-to-digest health education for the Latino communities. Staying healthy is important for everyone, and it's vital for the individuals and for our communities and the nation.**

Frank Sotomayor
Editor
"Nuestro Tiempo"
*Los Angeles Times*

To answer these questions, a discussion with students may be held in small groups or as a total class, although caution should be used with direct questioning. Or, an activity, such as placing pins on a map of the world to show what country each student or the student's family is from, can be done. If students are shy, ask them to respond to questions on paper or file cards. Then, over time you can discuss information about their countries of origin. These are just a few examples of ways to get a true understanding of your Hispanic students.

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# HEALTH ISSUES FOR HISPANIC YOUTH

To address the health education needs of Hispanic youth, educators must become familiar with the content to be emphasized based on the prevalence of specific health problems. These are summarized below in relation to the traditional topics for comprehensive health education. We rely heavily on a 1985 landmark study of minority health by the U.S. Department of Health and Human Services, which has yet to be duplicated.

## Consumer Health

Latino children and adolescents remain the most likely group to have no health insurance (30%), remaining twice as likely as non-Latinos to be uninsured (Children's Defense Fund, 1990).

Corporate spending on consumer advertising directed at Hispanics is skyrocketing. In 1987, spending on Hispanic advertising grew 23% (Maxwell & Jacobson, 1989).

Top beer and tobacco advertisers spend millions of dollars in the Hispanic advertising market. In 1988, Procter & Gamble Co. spent $20.8 million; Philip Morris Co., $13.1 million; and Anheiser-Busch Co., $8.6 million (Maxwell & Jacobson, 1989).

**With so much bad information being targeted to the Latino community by advertisers for alcohol, tobacco, and junk food, we need more information on healthy behaviors that reach our people at all ages.**

Felix Gutierrez
Vice President
Gannett Foundation
Arlington, VA

## Community Health/Environmental Health

Homicides among both Cuban-born and Mexican-born people are 2.5 times those of Anglos (U.S. Department of Health and Human Services, 1985).

## Disease Prevention and Control

### Hypertension

Hypertension is more prevalent among Hispanics than Anglos (Trevino, 1990).

## Cancer

Mexican Americans have a higher incidence of gallbladder cancer than whites (Trevino, 1990).

**I would like to learn about the whole body so when I get sick I will know how to take care of myself.**

Lathrop Intermediate School
Santa Ana, CA

Hispanics die from stomach cancer twice as often as nonminorities (U.S. Department of Health and Human Services, 1985).

The incidence of cervical cancer is 7.3 times greater for Hispanic women than non-Hispanic women (Morris et al., 1989).

Hispanic women are frequently unaware that family history is a risk factor for breast cancer (U.S. Department of Health and Human Services, 1985).

Only 25% of Hispanic women have heard of breast self-examination (U.S. Department of Health and Human Services, 1985).

## Tuberculosis

Tuberculosis carries the largest relative risk of death under age 45 to the Mexican-born (U.S. Department of Health and Human Services, 1985).

## Coronary Heart Disease

Hispanics show a higher rate of risk factors associated with coronary heart disease than Anglos (Stern, 1982).

## Diabetes

The risk of developing diabetes among Hispanics is three times that of Anglos (Trevino, 1990).

Diabetes strikes Hispanics at twice the rate of that for Anglos (Trevino, 1990).

Mortality rates for noninsulin-dependent diabetics are two to five times greater among Mexican

Americans than those found in the general U.S. population (Maxwell & Jacobson, 1989).

## Drug Use and Abuse

While Hispanics in general do not have higher levels of drug *use* prevalence than whites or other ethnic groups, some research has found that Hispanics have more drug-related *problems* and that drug abuse is a serious, chronic, and multigenerational problem in many Hispanic families and communities (Austin, 1990).

Forty percent of AIDS cases among Hispanics are linked to intravenous (IV) drug use (COSSMHO, 1989).

### Alcohol

Mexican-born males have a 40% higher risk of death from cirrhosis than white males (U.S. Department of Health and Human Services, 1985).

Hispanic youth who drink experience more drinking problems and consume heavier quantities of alcohol than other adolescents (Austin, 1990).

Heavier alcohol use patterns beginning in late adolescence appear to result from a blending of the drinking patterns of the donor cultures with those common among U.S. youth and reflect the value that the right to drink is a rite-of-passage (Austin, 1990).
The Mexican American subgroup of Hispanics suffers from the greatest alcohol abuse problems (Maxwell & Jacobson, 1989).

**What is the youngest age you can have a heart attack?**

Lathrop Intermediate School
Santa Ana, CA

### Tobacco

Acculturation is causing an increase in smoking by female adolescents (Maxwell & Jacobson, 1989).

The rate of lung cancer among Hispanic males is rising compared to Anglos (Maxwell & Jacobson,

1989).

## Mental/Emotional Health

Hispanics have been identified as a high-risk group for mental health problems, particularly depression, anxiety, and substance abuse (Bernal & Gutierrez, 1989; Ramos-McKay et al., 1989).

Differential acculturation can produce stress in family relationships and behavioral problems in immigrant children who may acculturate to the U.S. culture at a faster rate than their parents (Austin, 1990).

## Family Life

The incidence of low birthweight among babies born to Latina mothers is comparable to that of white non-Latina women (about 6%) (Children's Defense Fund, 1990).

Among sexually active Latina teens, the proportion who used contraceptives at first intercourse more than doubled, from 22% in 1982 to 54% in 1988, mainly as a result of an escalation of condom use (from 13% to 42%) (Children's Defense Fund, 1990).

**I really want to know how to do exercises without pulling any muscles.**

La Merced Intermediate School
Montebello, CA

Marriage is more prevalent among young Latinos of both genders than among young whites and blacks (Children's Defense Fund, 1990).

Hispanics comprise 9% of the adolescent female population, but account for 14% of all teen births (National Council of La Raza, 1991).

The proportion of Latina teen mothers unmarried at the time they gave birth rose by 37% from 1980 to 1988 (Children's Defense Fund, 1990).

Teen-age Latinas have birth rates twice those found among white teens (Children's Defense Fund, 1990).

Only 27% of Latinas who gave birth during their teen years had completed high school by their mid-twenties, compared with 67% among blacks and 55% among whites (Children's Defense Fund, 1990).

Latino infants are significantly more likely to be born outside a hospital because of their parents' poverty and lack of health insurance than the general population (Children's Defense Fund, 1990).

In the last decade, the proportion of Latino babies born to mothers receiving late or no prenatal care has remained at 12%, compared to 6% of non-Latinos (Children's Defense Fund, 1990).

The annual incidence of AIDS is 3.2 times higher among Hispanics than among non-Hispanic whites (COSSMHO, 1989).

Hispanic children account for 22% of all AIDS cases among all children (National Council of La Raza, 1991).

Hispanic women account for 15.3% of all AIDS cases among all women (COSSMHO, 1989).

AIDS has a disproportionate impact on Hispanic communities. For every 100,000 Hispanics, 29.9 of them were diagnosed with AIDS in 1988, compared with 9.3 for non-Hispanic whites (COSSMHO, 1989).

Almost one half of AIDS cases among Hispanics are linked to homosexual and bisexual contact among men (COSSMHO, 1989).

**How did AIDS start? How can it be stopped? How do you transmit it?**

Lathrop Intermediate School
Santa Ana, CA

## Nutrition

Among Mexican Americans, cultural attitudes regarding obesity and diet often are barriers to achieving weight control (U.S. Department of Health and Human Services, 1985).

Obesity is a major problem in Mexican Americans, especially among women and those of low socio-economic status (U.S. Department of Health and Human Services, 1985).

Hispanics have a low incidence of breast-feeding their infants (U.S. Department of Health and Human Services, 1985).

**If the schools are trying to make food more healthy, why are there puddles of oil on it?**

Rivera Middle School
Pico Rivera, CA

The Hispanic diet is high in fiber, relies on vegetable rather than animal protein, and includes few dairy products and green leafy vegetables (U.S. Department of Health and Human Services, 1985). However, as Hispanics become acculturated, their diet may change and fat consumption may increase.

Limited physical activity may be a contributing factor to low energy expenditure, especially among females (Romero-Gwynn & Gwynn, 1990).

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## HISPANIC STUDENTS SPEAK OUT

To find out the health interests of Hispanic youth, several groups of Hispanic students in grades 5 through 8 from La Merced Intermediate School in Montebello, CA, Lathrop Intermediate School in Santa Ana, CA, and Rivera Middle School in Pico Rivera, CA, were interviewed. The students were asked several questions in focus groups about health and health education. Their responses provide insight and guidance to health educators planning a curriculum addressing the needs of Hispanic youth.

→ **"What do you think of when you hear the word 'health' or 'healthy'?"**

For many students, health has a tangibly physical connotation: not being sick. Older students often also mention being in good shape/good condition/strong, eating healthy foods (not junk foods), and exercising when defining health.

"When I hear the word 'healthy,' I think of a person who is nice and healthy, not too fat, not too skinny, but perfect with rosy cheeks."

" I think the word "healthy" is very important for all humanity. It seems that people who are not healthy are people who don't think about the consequences."

"I think of salads and a perfect fit body."

"I think of someone strong and a person who has lots of muscles."

"I think of a doctor who works on health and I think of medicine to help you stay healthy."

"I think of people who go jogging real early in the morning or sometimes I think of healthy food."

**I think the word "healthy" is very important for all humanity. It seems that people who are not healthy are people who don't think about the consequences.**

Lathrop Intermediate School
Santa Ana, CA

"Yo pienso de comer vegetales y ejercisios."
"I think of eating vegetables and exercises."

"The word health means skinny, active, and well-fed."

"I think about me and my family because we do not get sick too often and when we get sick we just get a cold."

Students seldom mention the emotional and social aspects of health, although a few students include being happy or feeling good in their definitions.

"Healthy is that they have a good life."

"The person who is healthy is wealthy and is really good at everything."

"I think I would feel happy."

"They would try everything to be careful with their lives."

**When I hear the word "healthy," I think of a person who is nice and healthy, not too fat, not too skinny, but perfect with rosy cheeks.**

Lathrop Intermediate School
Santa Ana, CA

→ **"What do you think of when you hear the word 'unhealthy'?"**

The word "unhealthy" usually conjures up the exact opposite of definitions of health. Eating junk food is cited often, as well as being sick, out of shape, and fat.

"I think of junk food, sitting around, and sleeping all day."

"I think of junk food or some of the people who are obese. I have a couple of cousins who are obese who wish they would get in shape."

"Well, I think it's someone fat and really ugly."
"I think about when pimples come out on my face."

"I think of the people in Southeast Asia or sometimes the poor people who have stomachs full of air. And they're very dirty with bugs flying everywhere around them, even inside them."

"I think of cigarettes and lungs turning black. I also think of people who are skinny and not strong."

"I think of a heart attack."

→ **"What do you see your friends doing that is unhealthy?"**

Students answer this question with the entire range of unhealthy and risk-taking behaviors. The most frequently mentioned unhealthy behaviors are smoking, drinking alcohol, and using drugs. Other behaviors frequently listed include: chewing (tobacco), not eating breakfast, not getting enough sleep, not learning, swearing at others, putting others down, fighting, belonging to gangs and clubs, shooting, doing graffiti, watching too much television, raping, and thinking about girlfriends instead of studying.

"I see that they do drugs, they drink alcohol, and sometimes they even do sex without concerning that the problems would come later, when the girl is pregnant or when they have AIDS."

"I have a friend named Marta. She just came here last year. She is in a gang; [the members] show her how to drink beer and smoke. She just smokes and drinks every single day. I think that is unhealthy."

"Many of my friends don't want to study and they want to drink or smoke."

→ **"Why do you think kids do things they know are unhealthy?"**

For this question, student's answers show poignant familiarity with depression and family problems. Many students highlight friends who behave badly to be cool or impress their friends. Some say such behaviors make

them feel good. Societal problems, such as not having a job, coming from a foster home, and not having anything else to do, are other reasons.

> "Sometimes they are depressed or because other kids tell them that is good for them or because of the parents."
>
> "They don't really pay attention or they don't really care."
>
> "They don't care or they just want to live dangerously."
>
> "They just want experiences or want to be cool."
>
> "Because they have a lot of stress or they have lots of problems."
>
> "They don't have anybody to tell them what to do, like a parent, when they are in school, so they do whatever they want."
>
> "I think kids do things that they know are unhealthy maybe to follow the example of their parents or maybe because they want to feel cool in front of their friends."
>
> "I think they do these things because they want to get sick, maybe die. They do these things when they have problems in their lives, or because they want to."
>
> "Because they want to experiment to know that the thing is really unhealthy like grown-ups say. Or to make their parents sad because they get sick."
>
> "Because there are some who want to die because nobody cares about them."
>
> "You don't believe anything bad would happen to you."
>
> "Because they are dumb or stupid."

"They're depressed because others are doing better, and the teacher is comparing you to your other brothers and sisters."

→ **"What questions about health do you really want to know the answers to?"**

Students have questions that range from the general (What is health?) to the specific (What is cholesterol? How can I lose weight?) and to the existential (Why do people have to die?). The specific questions tend to concern nutrition, weight, and body systems.

**I would really like to know how vegetables make us healthy.**

La Merced Intermediate School
Montebello, CA

"I would really like to know how vegetables make us healthy."

"I would like to learn about the whole body so when I get sick I will know how to take care of myself."

"I really want to know how to do exercises without pulling any muscles."

"Do fat glands in your intestines suck more fat when you're fat?"

"What happens to you when you don't eat healthy food?"

"If the schools are trying to make food more healthy, why are there puddles of oil on it?"

"How do you know when you are over your cholesterol level, and how to clear the cholesterol out of my blood?"

"What is the youngest age you can have a heart attack?"

"How do organisms produce in the male and female body, and how do they react?"

A smaller number of students wonder about other things.

**Why is there such a thing as health? What can it do for us?**

La Merced Intermediate School
Montebello, CA

"Why is there such a thing as health? What can it do for us?"

"Why do kids like to be unhealthy?"

"Why do people do all these [unhealthy] things—because they are curious, or because they have problems? I would really want to know what is the answer."

"I would really like to know if you could live longer if you're healthy."

"Why do people have to die—even closest friends and family?"

"Why do people go on diets—just to be healthy, or to be slim?"

"Who invented the health program?"

"I would like to know if pizza and hamburgers and hot dogs are so unhealthy, why do they sell them all around the world?"

"Why do you take drugs when you know it's bad for you?"

"Why do you have sex if you don't want children?"

"Why do Mexicans who are begging for money have children?"

"Why do people who kick drugs start taking them again?"

"How did AIDS start? How can it be stopped? How do you transmit it?"

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# IMPLICATIONS FOR HEALTH EDUCATION

The U.S. Public Health Service has developed a broad-based plan to improve the health of all Americans to reduce preventable death, disease, and disability by the year 2000. *Healthy People 2000: The National Health Promotion and Disease Prevention Objectives* sets broad public health goals for the decade. Health education is one means of ensuring that these objectives are met.

Two of the three principal goals for the 1990s are specifically relevant to Hispanic youth:

- Reduce health disparities among Americans.
- Achieve access to preventive services for all Americans.

**[They] don't have anybody to tell them what to do when they are in school, so they do whatever they want.**

Lathrop Intermediate School
Santa Ana, CA

To work toward these goals, this section offers suggestions for teaching comprehensive health education in ways that build on the cultural styles and health needs of Hispanic youth living in the United States. These suggestions are provided as a means to ensure that the health education needs of Hispanic youth are met.

## General Guidelines

Several tactics may be employed to ensure that false assumptions about Hispanic students are not made and that the curriculum considers the needs and interests of the students. Three ideas are discussed below.

### Let Your Students Teach You About Themselves

What do your Hispanic students know about health? What do they wonder about and want to learn more about? What are the barriers Hispanic youth face in adopting healthy behaviors? All too often, educators do not use the interests and needs of students as a data source for curriculum development. Health education provides a unique opportunity for educators to address issues that are personal and immediate to their students.

As discussed in the previous section, asking your students questions will give you a baseline from which to design your curriculum and begin your instruction, revealing the students' most urgent concerns and their misconceptions about health information. It will help you differentiate between interests and concerns of your Hispanic and non-Hispanic students.

Take every opportunity for students to tell you what their healthy and unhealthy behaviors are and what they know about health in their family and community. Base your lessons on this information. Questions that might be asked include the following:

- Who are the different kinds of people they go to when they're sick?
- How do they like to get exercise?
- What are their favorite kinds of foods?
- What concerns them most about their health?
- What health habits do they engage in regularly?
- How much sleep do they get each night?
- What do they do for recreation?
- What health terms do they use?
- "What do you think of when you hear the word 'health' or 'healthy'?"
- "What do you think of when you hear the word 'unhealthy'?"
- "What do you see your friends doing that is unhealthy?"
- "Why do you think kids do things they know are unhealthy?"
- "What questions about health do you really want to know the answers to?"

If these kinds of questions are explored in nonintrusive and nonthreatening ways, the health education curriculum will take into account the needs and interests of the learners and become relevant to them.

**Learn About Your Students' Environment**

Drive around the students' neighborhood to become familiar with their resources and their contextual environment. Ask yourself questions such as:

- In what types of markets do they buy their food?
- Is there a local health clinic, and do people use it?
- Are there many billboards advertising alcohol and tobacco? If so, what types and numbers of billboards advertise alcohol and tobacco?
- Are there *herberias* (herb stores)? If so, who uses them?
- Are there any community recreation areas?
- Where do youth tend to congregate?
- How many liquor stores and fast-food restaurants are there?

Additional activities that a health educator may engage in to learn about the students include the following:

- Read the local newspaper (which may be in Spanish) to keep up with local issues. Pay particular attention to the strengths of the community and what positive actions people are taking.
- Talk to the school nurse and/or counselor to learn the most common health issues among the students.
- Talk to the public health personnel at the clinic or hospital about the community's health issues.

**Integrate Hispanic Culture Into Health Education**

**Many of my friends don't want to study and they want to drink or smoke.**

Rivera Middle School
Pico Rivera, CA

Health education focuses on the development of healthy lifestyles. Teaching will not be successful if it tries to mold all students to adopt one specific lifestyle. Data suggest that health messages are more readily accepted if they do not conflict with existing cultural beliefs. Where appropriate, messages should acknowledge existing cultural beliefs and practices, building on cultural strengths and pride. Several cultural factors, such as family values, religious beliefs, health beliefs, and communication styles, affect health education instruction. These are discussed below. When reading this, keep in mind that Hispanic subcultures vary and any given student may be more acculturated than others, and some may be bicultural.

## Impact of Culture on Health Education

**Family Values.** The family is a very strong and valued institution for Hispanics. The extended family may include neighbors, godparents, grandparents, aunts and uncles, cousins, and close friends. The Hispanic family tends to be group-oriented, even in decisionmaking. All members may have a say in adopting family rules and solving family problems.

Many Hispanic families share the common bond, "cariño," a very deep sense of unqualified care and protection. Family members are considered equal and unconditionally accepted; they are valued simply because they exist, not because of what they have done or not done. For most Hispanic families, revealing secrets and looking for answers outside the strong family unit go against their culture. The Hispanic family tends to give financial and emotional support to all its members, cares for old and infirm, takes care of and protects its children, and gives a sense of belonging to everyone.

The strength of the family aids in coping with the stress that often results from conflicts between mainstream American culture and Hispanic culture. Such conflicts, usually involving parents and children, may arise from negative messages about their Hispanic culture, such as racism, low income, unemployment, poor school performance, peer value differences, and acculturation or adjustment to American culture. The family counteracts these negative messages to protect its members.

**Why do people go on diets—just to be healthy, or to be slim?**

La Merced Intermediate School
Montebello, CA

In more traditional Hispanic families, gender is a significant factor in roles and behavior. Machismo is the culturally accepted conduct for men. Generally, men are expected to be dominant, strong, protective, brave, authoritarian, and good fathers. The man is the head of the household and the key decisionmaker. He protects his wife and other women in the family. While Hispanic women are generally assumed to be somewhat subservient, they are very much respected and cherished in the family structure. Women are the nurturers of the children and caretakers of the home. It is the woman who often serves as mediator between children and

family. Children are considered a priority in Hispanic families, and parents often make personal sacrifices for them.

**Religious Beliefs.** Religion plays a very important part in the traditional Hispanic family and has significant consequences for health and well-being. Even though most Hispanics are affiliated with the Catholic church, increasing numbers have joined other denominations. Other religious beliefs also play a part in the daily lives of many Hispanics, particularly when dealing with illness and wellness. These nontraditional beliefs draw heavily from the traditions of the Catholic church, mixing the belief in God and the saints with psychic powers and the spiritual world.

**Health Beliefs.** For some Hispanics, illness traditionally has its roots in physical imbalances or supernatural forces. God's will, magical powers, or evil spirits often are assumed to have caused an illness. Generally, no differentiation is made between physical and emotional illnesses.

Some Hispanics consult folk healers while simultaneously seeking standardized health care. Increasingly, however, the lack of access to health care has forced many Hispanics to consult only folk healers (or to seek no medical assistance whatsoever). A variety of healers exists in the Hispanic community.

Among Mexican Americans, *curanderismo* suggests that God gives the gift of the power to heal to a *curandero/curandera*. Traditionally, these persons treat certain physical conditions using different types of home remedies, herbs, and other adjunctive therapies. They often use prayers and artifacts in their practice. Specifically, a *yerbero* uses herbs as a means of healing (COSSMHO, 1990).

To some Cubans and other Caribbeans, *Santería* combines the African Yoruban deities with Catholic saints. *Santeros/santeras* are both priests/priestesses and healers who control the supernatural (COSSMHO, 1990).

Some Puerto Ricans believe in *espiritismo*, which promotes the notion that the world is populated with spirits, including religious figures who inter-

vene in the lives of individuals. *Espiritistas* are believed to communicate with the spirits and have the power to heal and purify the soul (COSSMHO, 1990).

This lack of distinction between physical and emotional health, as well as the close relationship between health and religious beliefs, is important to address when teaching health education to Hispanic youth from traditional families.

**I would like to know if pizza and hamburgers and hot dogs are so unhealthy, why do they sell them around the world?**

Lathrop Intermediate School
Santa Ana, CA

**Communication Styles.** Generally, Hispanics tend to touch people with whom they are speaking, interpret prolonged eye contact as disrespectful, be hesitant to disclose personal or family information to a stranger, be nonconfrontational, and sit and stand closer than Anglos.

Depending on preference and/or degree of acculturation, the language used for communication could be English or Spanish or a combination of both. Even among bilingual Hispanics, Spanish tends to be the preference when they communicate with each other. This should not be misconstrued by non-Spanish speakers as disrespectful.

In terms of verbal behaviors among most Hispanics, volume tends to increase as emotions rise. Words are chosen to reflect status and lines of authority. For example, the "Usted" form of "You" is used as a gesture of respect with those who are older or of higher social status. The "Tu" form is used among friends, peers, and with children.

If school communication with students and parents must be done in Spanish, caution should be taken in translating materials from English into Spanish. Often, direct word-for-word translations do not convey the same meaning or concept and can create miscommunication or misunderstanding. Therefore, persons literate in Spanish should do the translations.

## Health Education Content

Health education should emphasize objectives related to Hispanic health issues. Below are some examples of specific content that should be

included as part of a comprehensive health education content to address the specific health issues of Hispanic students.

**Community Health/Environmental Health**

- Encourage Hispanic students to pursue health-related careers.

**Consumer Health**

- Teach skills for critical analysis of advertisements.
- Teach students how to access affordable health care resources and information.

**Disease Prevention and Control**

- Discuss means of preventing hypertension.
- Highlight the importance of annual pap smears to detect for cervical cancer.
- Highlight the importance of family history in acquiring cancer.
- Teach breast self-examination techniques to adolescent females.
- Discuss tuberculosis prevention.
- Highlight risk factors for coronary heart disease and lifestyle changes to prevent the disease.
- Talk about diabetes.
- Focus on the importance of immunizations and how to access low-cost clinics.
- Increase physical activity and fitness of students.

**Drug Use and Abuse**

- Discuss the relationship of alcohol use to accidents and homicides.

**Family Life**

- Highlight the importance of prenatal care.
- Focus on means of preventing HIV infection.
- Do not ignore homosexuality and bisexuality among Hispanic populations.

**Nutrition**

- Highlight the risk of obesity and lifestyle changes necessary to maintain an appropriate weight.
- Focus on the benefits of breast-feeding.
- Discuss the dietary benefits of vegetables.
- Teach skills for diet management and meal selection.

- Include examples that focus on traditional Hispanic foods.

## Instructional Methodologies

Hispanic students initially may be more comfortable with certain instructional approaches than others. For example, Hispanic students tend to learn better through small-group activities rather than whole- or large-group discussions. Caution should be taken to not generalize for all Hispanic students as some of their preferences may depend upon the degree of acculturation and length of time they have lived in the United States.

### General Instructional Methodologies

Hispanic students initially may be more comfortable with oral rather than written communication. Other strategies, such as role playing and whole-group process, should be practiced over time. In general, the more concrete and immediate the strategy, the more effective it will be. A field trip is far more memorable and interesting than a classroom discussion or even a community speaker.

When small groups are created in the classroom, the level of acculturation of students, the facility with language, as well as gender and learning style, need to be considered. Students whose primary language is Spanish need to be paired with those who are bilingual. Generally, the number of males and the number of females also need to be balanced. However, teachers need to be sensitive to gender mix for certain topics and create all-boy or all-girl groups when discussing some issues of family life, personal health, growth, and development.

In a study of recently arrived Mexican immigrants in the home/community setting (Delgado-Gaitan, 1990), children were observed in formal and informal settings. This inquiry compared students' ways of communicating and completing tasks in the home and school environments. A major finding of the study showed how students learned to adapt to the organization of instruction inherent in the school setting.

Two implications of the Delgado-Gaitan study for teaching health education to Hispanic students exist. As recent immigrant children enter American classrooms for the first time, they experience an incongruence in the ways that lessons are structured for completion. This incongruence leads to a cultural mismatch. The study asserts that as the students become more aware of the structure of classroom instruction, they are able to adapt to the parameters of mainstream lessons. The study also suggests that students prefer to practice tasks in small groups or individually as opposed to in front of the class.

**I think kids do things that they know are unhealthy maybe to follow the example of their parents or maybe because they want to feel cool in front of their friends.**

Lathrop Intermediate School
Santa Ana, CA

Current instructional strategies should incorporate increased student-student interaction and active participation of all class members. Teachers must remember that for any student to adapt to the parameters of a lesson, the teacher must explain the rules for engagement. That is, one must not assume that because certain children are recent arrivals to the United States, they will know how to engage cooperatively. As children become more acculturated into the American mainstream, teachers will want to structure classroom activities that call for other types of configurations and ways of completing tasks.

**Sheltered English**

A major concern for ensuring that health education concepts are understood by Hispanic students is the issue of language. When many students have limited proficiency in English, effective instruction in English can occur by modifying instruction. These techniques are part of an approach called "Sheltered English." This approach is particularly useful within the context of a multiple-language classroom and/or when the teacher is not bilingual.

Sheltered English uses language development techniques to teach content, such as health. Techniques include simplifying the input, using contextual clues, checking frequently for understanding, designing appropriate lessons, and making lessons content driven and student centered.

Sheltered English techniques are complex. One cannot begin to become proficient through this guide. There are, however, strategies teachers can implement without formal training that begin to "shelter" their lessons for their non-English speaking students. These include simplifying the input of content and concepts, and using contextual clues, variety of grouping strategies, manipulatives, and opportunities for nonverbal responses.

To simplify the input of content and concepts, the teacher should use a slower speech rate, clear enunciation, controlled vocabulary, minilectures, and appropriate pacing. Other means of simplifying the input include limited use of idiomatic expressions and cognates, when possible.

The use of contextual clues is an important part of Sheltered English. As often as possible, the teacher should use gestures, facial expressions, dramatizations, along with a variety of props, graphs, bulletin boards, maps, word banks, and other attractive visuals.

Because this approach is student centered, a variety of grouping strategies should be used. Since most students, including Hispanics, tend to learn best in a cooperative mode, small group work is particularly appropriate. This should be coupled with many opportunities for hands-on activities using manipulatives and real objects. Students should also be given the opportunity to demonstrate understanding through nonverbal responses and actions.

The following is a checklist that is useful in preparing Sheltered English lessons.

## Checklist for Preparing Sheltered English Lessons

- ❑ Lessons are appropriate to student language fluency.
- ❑ Listening and speaking activities precede reading and writing activities.
- ❑ Reading assignments include prereading, during-reading, and postreading activities.
- ❑ Writing activities are preceded by prewriting.
- ❑ Vocabulary is emphasized.
- ❑ Key topics are organized around main themes.

- ❑ Objectives are identifiable.
- ❑ A variety of grouping strategies is used.
- ❑ Hands-on activities are emphasized.
- ❑ Manipulatives are used.
- ❑ Various modalities are used.
- ❑ Prior background and experiences of students are used.
- ❑ Requisite concepts and background information have been considered.

## Materials

It is important to prepare relevant, motivating text materials for students. Based on the students' concerns and interests that the teacher has identified, text materials can be adapted to make instruction more meaningful and exciting. Whenever possible, let the students also assist in the creation of their own materials.

Liberal use of a variety of instructional materials helps all children learn more effectively, but is particularly helpful for students for whom English is not their primary language. In addition to guidelines used for selecting materials for all students, such as ensuring grade-level appropriateness, specific guidelines exist for ensuring that materials reflect cultural equity for Hispanics (English, Sancho, Lloyd-Kolkin, & Hunter, 1990). When developing or reviewing materials, keep these following criteria in mind:

- ❑ Materials contain no labels or stereotypes demeaning of Hispanics.
- ❑ Materials display Hispanics in a variety of professions.
- ❑ Materials present Hispanics' contributions and achievements.
- ❑ Materials depict differences in customs as desirable.
- ❑ Materials contain equal representation of Hispanics in mental and physical activities.
- ❑ Materials show socioeconomic ranges for Hispanics.
- ❑ Materials reflect a balance of both traditional and nontraditional family compositions.

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# CONCLUSION

If current trends continue, Hispanics will represent the largest minority population in the United States by the early 21st century. Comprehensive school health education for Hispanic students stands as a viable and logical means to meeting many of these students' health and instructional needs. Yet, few comprehensive health education programs give consideration to the special health needs, culture, and learning styles of Hispanic youth. Culturally appropriate health education *can* make a difference, but curriculum adaptation goes well beyond translating materials or delivering lessons in Spanish. Without considering these issues, our efforts to improve the wellness of these youth will be fruitless. By enabling Hispanic youth to benefit from promising health education approaches sensitive to their special needs, we will begin to improve the wellness and increase academic achievement among Hispanic youth.

## SPANISH LANGUAGE HEALTH RESOURCES

Health information and education materials can play a significant role in helping to meet health needs of Hispanics. However, culturally sensitive and universally appropriate Spanish language materials for this diverse population are scarce. Although many organizations translate their publications into Spanish, literal translations generally are not sensitive to cultural, linguistic, and other factors that may influence attitudes and behaviors toward health status.

Below is a listing of sources identified by the Office of Minority Health Resource Center that produce or distribute health promotion materials in Spanish.

**Al-Anon and Alateen**
P. O. Box 862, Midtown Station
New York, NY 10018-0862
(800) 356-9996

**Alcoholics Anonymous World**
P. O. Box 459
Grand Central Station
New York, NY 10163
(212) 686-1100

**American Association of Retired Persons**
1909 K Street, NW
Washington, DC 20049
(202) 872-4700

**American Cancer Society**
3340 Peachtree Road, NE
Atlanta, GA 30026
(800) 227-2345

**American College of Radiology**
1891 Preston White Drive
Reston, VA 22091
(703) 648-8900

**American Diabetes Association**
Diabetes Information Center
1660 Duke Street
Alexandria, VA 22314
(800) 232-3472
(703) 549-1500

**American Dietetic Association (ADA)**
216 West Jackson Boulevard, Suite 800
Chicago, IL 60606-6995
(312) 899-0040

**American Heart Association**
7320 Greenville Avenue
Dallas, TX 75231-4599
(214) 706-1220

**American Heart Association of Greater Miami, Inc.**
5220 Biscayne Boulevard
Miami, FL 33137
(305) 751-1041

**American Lung Association, DC Chapter**
475 H Street, NW
Washington, DC 20001
(202) 682-LUNG

**American Red Cross**
National Headquarters
17th & D Streets, NW
Washington, DC 20006
(202) 737-8300

**Amigas Latinas en Acción Pro-Salud (ALAS)**
47 Nichols Avenue
Watertown, MA 02172
(617) 926-6046

**Asociación Nacional Pro-Personas Mayores**
2727 West Sixth Street, Suite 270
Los Angeles, CA 90057
(213) 487-1922

**Association for Voluntary Surgical Contraception**
122 East 42nd Street
New York, NY 10168
(212) 351-2561

**Channing L. Bete Company, Inc.**
200 State Road
South Deerfield, MA 01373
(800) 628-7733

**Colorado Community Health Network**
3801 Martin Luther King Boulevard
Denver, CO 80205
(303) 322-0822

**Colorado Department of Health**
Alcohol and Drug Abuse Division
4210 East 11th Avenue
Denver, CO 80220
(303) 331-8248

**March of Dimes Birth Defects Foundation**
1275 Mamaroneck Avenue
White Plains, NY 10605
(914) 428-7100

**Multicultural Training Resource Center**
1540 Market Street, Suite 320
San Francisco, CA 94102
(415) 861-2142
(800) 545-6662 in California

**National AIDS Information Clearinghouse (NAIC)**
P. O. Box 6003
Rockville, MD 20850
(800) 458-5231
(301) 762-5111

**National Cancer Institute**
Office of Cancer Communications
Building 31, Room 10A-21
9000 Rockville Pike
Bethesda, MD 20892-3100
(301) 496-5583

**National Center for Education in Maternal and Child Health (NCEMCH)**
38th & R Streets, NW
Washington, DC 20057
(202) 625-8400

**National Clearinghouse for Alcohol and Drug Information (NCADI)**
P. O. Box 2345
Rockville, MD 20852
(301) 468-2600

**National Clearinghouse for Primary Care Information**
8201 Greensboro Drive, Suite 600
McLean, VA 22102
(703) 821-8955

**National Coalition of Hispanic Mental Health and Human Services Organizations (COSSMHO)**
1030 15th Street, NW, Suite 1053
Washington, DC 20005
(202) 371-2100

**National Council on Alcoholism**
12 West 21st Street
New York, NY 10010
(212) 206-6770

**National Dairy Council**
6300 Northriver Road
Rosemont, IL 60018-4289
(312) 696-1020

**National Diabetes Information Clearinghouse**
Box NDIC
Bethesda, MD 20892
(301) 468-2162

**National Heart, Lung, and Blood Institute (NHLBI)**
Communication and Public Information Branch
Building 31, Room 4A-21
9000 Rockville, MD 20892
(301) 496-4236

**NHLBI Education Programs Information Center**
4733 Bethesda Avenue, Suite 530
Bethesda, MD 20814
(301) 951-3260

**National Highway Traffic Safety Administration (NHTSA)**
400 7th Street, SW (NTS-11)
Washington, DC 20590
(202) 366-9294

**National Institute of Mental Health**
Parklawn Building, Room 15C-05
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4513

**National Institute on Aging (NIA)**
Federal Building, 6th Floor
9000 Rockville Pike
Bethesda, MD 20892
(301) 496-1752

**National Mental Health Association**
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7722

**National SAFE KIDS Campaign**
Children's Hospital National Medical Center
111 Michigan Avenue, NW
Washington, DC 20010
(202) 939-4993

**New Mexico Health & Environment Department**
Health Service Division
Health Promotion Bureau
P. O. Box 968
Santa Fe, NM 87504-0968
(505) 827-2502

**Office on Smoking and Health Technical Information Center**
Park Building, Room 1-10
Rockville, MD 20857
(301) 443-1690

**Planned Parenthood Alameda/San Francisco**
815 Eddy Street
San Francisco, CA 94109
(415) 441-7858

**Planned Parenthood Federation of America, Inc.**
Marketing Department
810 Seventh Avenue
New York, NY 10010
(212) 603-4656
(212) 541-7800

**Rural Health Office**
University of Arizona
3131 East Second Street
Tucson, AZ 85716

**San Francisco AIDS Foundation**
333 Valencia Street
P. O. Box 6182
San Francisco, CA 94101-6182
(415) 861-3397

**Sunrise Community Health Center, Inc.**
P. O. Box 1870
1028 5th Avenue
Greeley, CO 80632
(303) 353-9403

**U.S. Government Printing Office (GPO)**
Superintendent of Documents
Washington, DC 20402
(202) 783-3238

**U.S. Pharmacopeial Convention, Inc.**
12601 Twinbrook Parkway
Rockville, MD 20852
(301) 881-0666

**Wisconsin Clearinghouse**
University of Wisconsin-Madison
Department CF
P. O. Box 1468
Madison, WI 53701
(608) 263-2797

**Woman to Woman**
The Association of Junior Leagues, Inc.
660 First Avenue
New York, NY 10016-3241

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**Bibliographies/Resource Guides**
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National Coalition of Hispanic Mental Health & Human Services Organization
National Diabetes Information Clearinghouse
National Heart, Lung, and Blood Institute (NHLBI) Education Programs Information Center
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**Diabetic Retinopathy**
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**Drug Abuse**
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U.S. Government Printing Office
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**Environmental Health**
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**Exercise**
American Heart Association Foundation
NHLBI Education Programs Information Center

**Family Planning**
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**First Aid**
American Red Cross

**Heart Attack**
American Heart Association
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**High Blood Pressure**
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**Leukemia**
Leukemia Society of North America

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**Mental Health**
Channing L. Bete Company, Inc.
National Institute of Mental Health
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**Nutrition**
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American Heart Association
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**Older Americans**
American Association of Retired Persons
National Institute on Aging

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National Cancer Institute

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Krames Communications
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**Smoking**
American Cancer Society
American Lung Association
Channing L. Bete Company, Inc.
National Cancer Institute
National Center for Education in Maternal and Child Health
NHLBI Education Programs Information Center
Office on Smoking and Health

**Sodium**
Food and Drug Administration

**Stress**
Channing L. Bete Company, Inc.
National Institute of Mental Health

**Stroke**
American Heart Association

**Tuberculosis**
American Lung Association

**Weight Reduction**
American Dietetic Association
American Heart Association
Channing L. Bete Company, Inc.
NHLBI Education Programs Information Center

**Women's Health**
Amigas Latinas en Acción Pro-Salud
New Mexico Health and Environment Department

Source: Office of Minority Health Resource Center
P. O. Box 37337
Washington, DC 20013-7337
(800) 444-6472

Below is a listing of additional sources identified by the National Health Information Clearinghouse that distribute Spanish-language health information materials.

**Alcoholism**
Al-Anon Family Group Headquarters
P. O. Box 182
Madison Square Station
New York, NY 10159

**Allergy and Infectious Diseases**
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A32
9000 Rockville Pike
Bethesda, MD 20205

**Arthritis**
Arthritis Foundation
13124 Spring Street NW
Atlanta, GA 30309

**Arthritis Information Clearinghouse**
P. O. Box 9782
Arlington, VA 22209

**Bereaved Parents**
The Compassionate Friends
P. O. Box 1347
Oak Brook, IL 60521

**Blindness**
National Society to Prevent Blindness
79 Madison Avenue
New York, NY 10016-7896

**Cancer**
American Cancer Society
777 Third Avenue
New York, NY 10017

**Cardiovascular Diseases**
High Blood Pressure Information Center
120/80 National Institutes of Health
Bethesda, MD 20205

**Cerebral Palsy**
United Cerebral Palsy Association
66 East 34th Street
New York, NY 10016

**Consumer Information**
Consumidor
Pueblo, CO 81009

**Dental Health**
American Dental Association
Bureau of Health Education
211 East Chicago Avenue
Chicago, IL 60611

American Society for Dentistry for Children
211 East Chicago Avenue, #920
Chicago, IL 60611

National Institute of Dental Research
Building 31, Room 2C36
9000 Rockville Pike
Bethesda, MD 20205

**Disabilities**
National Easter Seal Society
2023 West Ogden Avenue
Chicago, IL 60612

**Down's Syndrome**
National Down's Syndrome Society
70 West 40th Street
New York, NY 10018

**Drug Abuse**
National Clearinghouse for Drug Abuse Information
P. O. Box 416
Kensington, MD 20795

Do It Now Foundation
P. O. Box 5115
Phoenix, AZ 85010

American Council for Drug Education
5820 Hubbard Drive
Rockville, MD 20852

**Drug and Health Information**
Food and Drug Administration
Publications Office
Parklawn Building, Room 15B18
5600 Fishers Lane
Rockville, MD 20857

Pharmaceutical Manufacturers Association
1100 15th Street NW
Washington, DC 20005

**Family Planning**
National Clearinghouse for Family Planning Information
P. O. Box 12921
Arlington, VA 22209

National Institutes of Health
Office of Research Reporting
Building 31, Room 2A32
9000 Rockville Pike
Bethesda, MD 20205

Planned Parenthood Federation of America
810 Seventh Avenue
New York, NY 10019

**Food Safety**
Food Safety and Inspection Service
Publications Office, Room 1163 South
U.S. Department of Agriculture
Washington, DC 20250

**Hearing**
American Speech-Language-Hearing Foundation
10801 Rockville Pike
Rockville, MD 20852

**Lead Poisoning**
Pennsylvania Department of Health
P. O. Box 90
Harrisburg, PA 17120

**Lupus**
American Lupus Society
23751 Madison Street
Torrance, CA 90505

**Maternal/Child Health**
National Institutes of Health Office of Research Reporting
Building 31, Room 2A32
9000 Rockville Pike
Bethesda, MD 20892

**Medicare**
Health Care Financing Administration
6325 Security Boulevard
Baltimore, MD 21207

**Mental Health**
Mental Health Association
1800 North Kent Street
Arlington, VA 22209

**Multiple Sclerosis**
National Multiple Sclerosis Society
205 East 42nd Street
New York, NY 10017

**Neurological Disorders**
National Institute of Neurological and Communicative Disorders
Building 31, Room 8A08
9000 Rockville Pike
Bethesda, MD 20205

**Nutrition**
National Health Information Clearinghouse
P. O. Box 1133
Washington, DC 20013-1133

**Parkinson's Disease**
National Parkinson Foundation
1501 NW Ninth Avenue
Miami, FL 33136

**Prenatal Care**
Healthy Mothers, Healthy Babies Coalition
P. O. Box 47
Washington, DC 20044

San Diego Regional Center for the Developmentally Disabled
4355 Ruffin Road, Suite 205
San Diego, CA 92123

**Rape**
National Center for the Prevention and Control of Rape
Parklawn Building, Room 6C12
5600 Fishers Lane
Rockville, MD 20857

**Reye Syndrome**
National Reye Syndrome Foundation
Box 829
Bryan, OH 43506

**Scoliosis**
The Scoliosis Association
P. O. Box 194
Manhasset, NY 11030

**Sex Information**
Siecus
84 Fifth Avenue
New York, NY 10011

**Sexually Transmitted Diseases**
439 Main Street
Orange, NJ 07050

**Sudden Infant Death Syndrome**
Federal SIDS Program Office
Bureau of Health Care Delivery and Assistance
5600 Fishers Lane, Room 6-22
Rockville, MD 20857

Source: Office of Minority Health Resource Center
P. O. Box 37337
Washington, DC 20013-7337
(800) 444-6472

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Morris, D. L., Lusero, G. T., Joyce, E. V., Hannigan, E. V., & Tucker, E. R. (1989). Cervical cancer, a major killer of Hispanic women: Implications for health education. *Health Education, 20*(5), 23-27.

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COSSMHO. (1990). *Delivering preventive health care to Hispanics: A manual for providers.* Washington, D.C.: Author.

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Padilla, A., & Salgado de Snyder, N. V. (1991, Draft). Hispanics: What the culturally informed evaluator needs to know. In M. D. Orlandi (Ed.), *Cultural competence for evaluators: A guide for alcohol and other drug abuse prevention practitioners working with ethnic/racial communities (*OSAP Monograph No. 1). Rockville, MD: National Clearinghouse for Alcohol and Drug Information.

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Southwest Regional Laboratory
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